

LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes in registrations and terminations.

81

Filing Fee Registration Number

Instructions

- Print in ink or type.
- Complete form and return with \$10 fee to Board of Ethics, 8401 United Plaza Blvd., Suite 200, Baton Rouge LA 70809-7017, (225) 922-1400 or (800) 842-6630.
- This form must be submitted within 5 days of any changes in your registration form, to add employees or those you represent, or if you cease all activities requiring registration. It must be submitted within 10 days of any terminations of employment or representations.

1. NAME: Hightower, John J MR
Last First Middle Initial2. BUSINESS PHONE: 225-819-5675FOR OFFICE USE ONLY
Postmark Date: 7/10/02#302\$10.00 MRS**1010939**

3. BUSINESS ADDRESS:

Street and No. _____ City _____ State _____ Zip _____

MAILING ADDRESS: 331 S. Woodlawn Ct., Baton Rouge, LA 70808-5708
Street and No. _____ City _____ State _____ Zip _____4. EMPLOYER: John S. Hightower, Public Affairs Council5. EMPLOYER'S ADDRESS: 331 S. Woodlawn Ct., Baton Rouge, LA 70808-5708
Street and No. _____ City _____ State _____ Zip _____6. Have you ceased or terminated all lobbying activities requiring registration? Yes No ✓

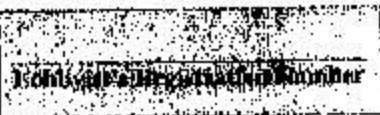
7. LIST BELOW (a) Names of persons, groups, or organizations which you are adding or eliminating; (b) the address of each such person, group, or organization listed; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby; and (e) the date of termination if applicable.

1. Name: Keep America Beautiful in Baton Rouge, Inc.
Address: 3200 1/2 St. Blvd., Soc. 1228, Baton Rouge, LA 70806
Business or purpose: A.s. Lobby Awareness Org. New Representative

Does this person pay you?

If No, who pays you?

 Terminated Representation as of June 30, 2001

SUPPLEMENTAL REGISTRATION FORM

2. Name _____

Address _____

Business or purpose _____

 New Representation

Does this person pay you? _____

If No, who pays you? _____

 Terminated Representation as of _____

3. Name _____

Address _____

Business or purpose _____

 New Representation

Does this person pay you? _____

If No, who pays you? _____

 Terminated Representation as of _____**CERTIFICATION OF ACCURACY**

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; and that no information required by the Lobbyist Disclosure Act [LSA-R.S. 24:50 et seq.] has been deliberately omitted.

Signature of Lobbyist

Form 1000 Rev. 6/96